

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury
Internal Revenue Service

Part I General Information

1 Name of organization <u>District Council Of No. NJ Assn. of Bridge & Ornamental Ironworkers PAC Fund</u>		Employer identification number <u>APPLIED FOR</u>
2 Mailing address (P O Box or number, street, and room or suite number) <u>1500 Broad Street</u>		<u>91-2064915</u>
City or town, state, and ZIP code <u>Bloomfield, N. J. 07003</u>		
3 E-mail address of organization		
4a Name of custodian of records <u>William Mullen</u>	4b Custodian's address <u>.....1500 Broad Street.....</u> <u>Bloomfield, N. J. 07003</u>	
5a Name of contact person <u>William Mullen</u>	5b Contact person's address <u>.....1500 Broad Street.....</u> <u>Bloomfield, N. J. 07003</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Informing our members as to need to exercise their right to vote: passage of
favorable legislation: program of education about such laws: support candidates
for office who demonstrate concern for working men and women and objectives of
the entire trade union movement.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<u>Bridge, Structural and Ornamental Iron Workers, Local Union 11</u>	<u>Sponsor</u>	<u>.....1500 Broad Street.....</u> <u>Bloomfield, N. J. 07003</u>

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9a Name

9a Name

9b	Title

9c Address

Chairman

1500 Broad St.
Bloomfield, N.J. 07003

William Mullen

Treasurer

1500 Broad Street.....
Bloomfield, N. J. 07003

**Sign
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of authorized official

Date _____